

Job Site Address: _____ Application No.: _____



Site Development Application

City of Columbus, Ohio ▪ Department of Development ▪ Building Services Division
757 Carolyn Avenue, Columbus, Ohio 43224 ▪ Phone: 614-645-7433 ▪ Fax: 614-645-7912 ▪ www.columbus.gov

ALL FEES ARE NON-REFUNDABLE ▪ Please type or print all information

Date: _____

Review:

Type:

- | | | | | |
|--|--|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Preliminary Site Compliance | <input type="checkbox"/> Street Construction | <input type="checkbox"/> Mass Excavation | <input type="checkbox"/> Grade & Fill | <input type="checkbox"/> Lot Split |
| <input type="checkbox"/> Final Site Compliance | <input type="checkbox"/> Storm | <input type="checkbox"/> Sanitary | <input type="checkbox"/> Combined | |

Project Information:

Project Title _____

Parcel ID Number ** _____

Certified Address _____

Zip _____

Zoning Classification & Ordinance Number _____

Do you have a re-zoning, council variance or Board of Zoning Adjustment variance pending or approved? ☐ Y ▪ ☐ N

If "Yes", please provide the Tracking Number: _____

Have you previously submitted any plans for this site? ☐ Y ▪ ☐ N: If "Yes", please provide the Application Number: _____

Are you submitting a Building Permit at this time? ☐ Y ▪ ☐ N: If "Yes", please provide the Application Number: _____

Proposed Work (for this application): _____

Applicant (Contact):

☐ Owner ☐ Architect ☐ Engineer ☐ Agent

Name _____

Street Address _____

City, State, Zip _____

Telephone Number _____

Fax Number _____

E-Mail Address** _____

Project Developer:

Company Name _____

Name of Primary Contact (please print) _____

Street Address _____

City, State, Zip _____

Email Address** _____

Telephone Number _____

Fax Number _____

Plan Prepared by:

Company Name _____

Name of Primary Contact (please print) _____

Street Address _____

City, State, Zip _____

Email Address** _____

Telephone Number _____

Fax Number _____

Design Date** _____

**** Required Information: PLEASE NOTE:** Incomplete information will result in the rejection of this submittal.

For all questions regarding this form and fees please call: 614-645-6090

Please make checks payable to the Columbus City Treasurer

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Property Owner (please provide the following information if someone other than the owner is serving as the applicant):

_____ Name	_____ Street Address	_____ City, State, Zip
_____ Telephone Number	_____ Fax Number	_____ E-Mail Address**

For Final Site Compliance Plan Review & Lot Split Only:**

Please provide your method of Payment: ☐ Check ▪ ☐ Credit Card ▪ ☐ SOFT Account Payment

If Payment will be made through a SOFT Account, please provide the following:

_____ SOFT Account #/ PIN #	_____ SOFT Account Authorized Signature
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The Following Document must be Submitted with this Application:

Street Construction, Sanitary & Storm Plans

- ☐ Preliminary Site Compliance Plan with a "Conditional Approval" signature.
- ☐ Zoning Text (if not already included on Site Compliance Plan)
- ☐ Required number of sets of plans for review
 - 10 sets for street construction plans
 - 8 sets for stormwater and sanitary sewer plans
 - 15 sets for preliminary and final site compliance plans
- ☐ CD with TIFF images (compressed format)
- ☐ Storm Water Calculations
- ☐ Survey Circuit for Benchmarks

Site Development Base Fees:

Preliminary Site Compliance Plan

No Fee

Final Site Compliance Plan

\$475.00

Street Construction, Sanitary & Storm Plans

Final Cost will be invoiced to the customer upon completion of the plan review.

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